



CORVALLIS

ENHANCING COMMUNITY LIVABILITY

DEVELOPMENT SERVICES

PROJECT DEVELOPMENT GUIDE

Building a 1 & 2 Family Structure

3627

City of Corvallis, Development Services
501 SW Madison Ave. Corvallis, OR. 97333
541-766-6929 eplans@corvallisoregon.gov
CorvallisPermits.com

Welcome!

The City of Corvallis has prepared this pre-development guide to assist you with the development process.

We are excited to be of service and welcome the opportunity to be involved in the success of your project. We understand that your time is valuable and have gone to great efforts in streamlining processes to make your permitting process more timely and predictable. Here are some helpful things you should be aware of:

- 1) Website – Our website is www.CorvallisPermits.com. We rely on our website to provide a wealth of information to applicants. All plan review and inspection results can be viewed at this site in addition to project documents. We also have a number of services that are available to you. Detailed descriptions for each are listed online.
- 2) Staff Contacts - Staff have expertise in different areas and are happy to help provide guidance. To that end we have provided each staff member's direct email and phone number in the staff contacts page.
- 3) Communication – We see a wide variety and number of projects. In our experience, projects that are successful have two primary things in common. First, they provide complete plan submittals. This packet contains several checklists to help in that endeavor. Second, the design team communicates well. Because we like to encourage communication, we offer as many free pre-development meetings as needed.

Please take a look at the contents of this packet and know your assigned Project Coordinator will assist you in determining what requirements apply to your project. Having a pre-development meeting is a great first step and you should contact our Project Manager or a Project Coordinator to schedule a meeting.

If your project is anticipated to have a value of \$500K or greater, you will need to coordinate with city staff to schedule a time for an application submittal meeting. We believe meeting with you to review and accept your submittal ensures your project starts off on the right foot.

We hope this guide is helpful and we encourage you to provide us with any suggestions you may have as we continue to work toward improving our development process. A customer survey form can be accessed at our website at www.CorvallisPermits.com

We wish you the best of success in your building adventure!

-Corvallis Development Services Team



Residential Pre-Development Packet

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Visit us online at..... www.CorvallisPermits.com



**Community Development
Development Services Division**

501 SW Madison Avenue

P.O. Box 1083

Corvallis, OR 97339-1083

(541) 766-6929

development.services@corvallisoregon.gov

DEVELOPMENT SERVICES DIVISION

Phone: 541-766-6929 (All phone numbers use area code 541)

Location: Lower Level City Hall

Permitting & Plan Review

Tony West, Project Coordinator III	766-6541
Michael O'Connor, Project Coordinator II	766-6538
Johnathan Balkema, Project Coordinator I	766-6582
Paul Wolterman, Project Coordinator I	766-6581
Lisa Franklin, Civil Engineer I	766-6542
Jared Voice, Associate Planner	766-6450
Tenille Holroyd, Permit Coordinator	766-6547
Cheryl Flick, Permit Technician II	766-6549
Ashley Probst, Permit Technician I	766-6528
Becky Peterson, Permit Technician I	766-6540
Kevin Russell, Project Manager	766-6709

Direct Line

Email

Anthony.West@corvallisoregon.gov
Mike.O'Connor@corvallisoregon.gov
Johnathan.Balkema@corvallisoregon.gov
Paul.Wolterman@corvallisoregon.gov
Lisa.Franklin@corvallisoregon.gov
Jared.Voice@corvallisoregon.gov
Tenille.Holroyd@corvallisoregon.gov
Cheryl.Flick@corvallisoregon.gov
Ashley.Probst@corvallisoregon.gov
Becky.Peterson@corvallisoregon.gov
Kevin.Russell@corvallisoregon.gov

Inspection Services

John Corliss, Building Inspector II	766-6534
Pavel Anfilofieff, Building Inspector II	766-6536
Jeff Domrude, Building Inspector II	766-6551
Frank DeWilde, Electrical Inspector	766-6533
Don Meier, Electrical Inspector	766-6580
David Hensley, Plumbing Inspector	766-6535
Kham Slater, Engineering Tech III	766-6451
Shannen Chapman, Land Use Inspector	766-6544
Greg Hall, Specialty Inspection Supervisor	766-6546

John.Corliss@corvallisoregon.gov
Pavel.Anfilofieff@corvallisoregon.gov
Jeff.Domrude@corvallisoregon.gov
Frank.DeWilde@corvallisoregon.gov
Donald.Meier@corvallisoregon.gov
David.Hensley@corvallisoregon.gov
Kham.Slater@corvallisoregon.gov
Shannen.Chapman@corvallisoregon.gov
Greg.Hall@corvallisoregon.gov

Administrative Services

Dan Carlson, Division Manager/Building Official	766-6539
Chrissy Bevens, Sr. Admin Specialist	766-6334

Dan.Carlson@corvallisoregon.gov
Chrissy.Bevens@corvallisoregon.gov

PLANNING DIVISION

Phone: 541-766-6908

Location: Middle Level City Hall

Planning Services

Carl Metz, Associate Planner	766-6576
Sarah Johnson, Associate Planner	766-6574
Jason Yaich, Associate Planner	766-6577
Amber Bell, Assistant Planner	766-6575

Direct Line

Email

Carl.Metz@corvallisoregon.gov ob Richardson, Ass
Sarah.Johnson@corvallisoregon.gov
Jason.Yaich@corvallisoregon.gov
Amber.Bell@corvallisoregon.gov

Administrative Services

Kevin Young, Planning Division Manager
Sharon Crowell, Sr. Admin Specialist

Direct Line

766-6572
766-6908

Email

Kevin.Young@corvallisoregon.gov
Sharon.Crowell@corvallisoregon.gov

PUBLIC WORKS – DEVELOPMENT REVIEW DIVISION

Phone: 541-766-6941

Location: Middle Level City Hall

Permitting & Plan Review

Matt Grassel, Civil Engineer II
Ted Reese, Civil Engineer II

Direct Line

766-6941 Ext. 5082
766-6941 Ext. 5198

Email

Matt.Grassel@corvallisoregon.gov
Ted.Reese@corvallisoregon.gov

Inspection Services

Mark Bauer, Engineering Tech III

766-6941 Ext. 5079

Mark.Bauer@corvallisoregon.gov

Administrative Services

Aaron Manley, Engineering Supervisor
Linda Stevens, Administrative Specialist

766-6941 Ext.5033
766-6941 Ext.5058

Aaron.Manley@corvallisoregon.gov
Linda.Stevens@corvallisoregon.gov

FIRE DEPARTMENT

Phone: 541-766-6961

Location: 400 NW Harrison

Plan Review & Prevention

Jeff Prechel, Fire Marshal
Jim Patton, Fire Prevention Officer I
Carmen Westfall, Fire Prevention Officer I

Direct Line

766-6970
766-6903
766-6909

Email

Jeffrey.Prechel@corvallisoregon.gov
Jim.Patton@corvallisoregon.gov
Carmen.Westfall@corvallisoregon.gov

PARKS

Phone: 541-766-6918

Location: 1310 SW Avery

Street Trees & Park Planning

John Hinkle, AIC Urban Forester
Jackie Rochefort, Park Planner

Direct Line

766-6597
766-6468

Email

John.Hinkle@corvallisoregon.gov
Jacqueline.Rochefort@corvallisoregon.gov

ECONOMIC DEVELOPMENT

Location: Upper Level City Hall

Economic Development

Tom Nelson, Economic Dev Manager
Amy Jauron, Economic Dev Officer

Direct Line

766-6339
766-6322

Email

Tom.Nelson@corvallisoregon.gov
Amy.Jauron@corvallisoregon.gov



One & Two Family Plan Review Application Checklist

The purpose of this checklist is to help define a complete submittal package for the scope of work and address information required for most projects. The plan review will reflect the extent and completeness of the submitted documents and may uncover additional issues requiring revised plans, documentation and subsequent re-review.

☐ **Three (3) complete sets of legible plans**

☐ **Other Department reviews (required prior to submitting a building permit application).**

- ☐ Public Improvement by Private Contract (PIPC) - Public Works, Development Review Division
- ☐ Historic Review - Planning Division
- ☐ Land Use Approval (e.g., subdivision, conditional development) - Planning Division

☐ **Forms**

- ☐ Special Inspection and Testing form
- ☐ Energy Code Compliance checklist
- ☐ System Development Charges (SDCs)/plumbing fixtures
- ☐ Pedestrian Oriented Design Standards - Chapter 4.10 of the City's LDC (new dwellings only)
- ☐ Meter Request form
- ☐ Construction Excise Tax Exemption (CET) form
- ☐ Contractor/Subcontractor List for Certificate of Occupancy

☐ **Site/plot plan (required for all new development and expansions of buildings or structures)**

- ☐ property lines (surveyed)
 - ☐ scale (1"=20' preferred)
 - ☐ north arrow
 - ☐ lot and building setback dimensions
 - ☐ lot coverage area (sq ft)
 - ☐ retaining walls
 - ☐ location of easements
 - ☐ location of existing and proposed driveway(s) and sidewalks
 - ☐ footprint of all structures (including decks, porches, etc)
 - ☐ existing and proposed contour lines at 2-ft. intervals
 - ☐ property corner, structure corner, and finish floor elevations
 - ☐ size and location of existing and proposed water, sewer, and drainage utilities (including meters and lateral lines).
- ** Information shall be obtained from utility locates or as-built surveys.**
- ☐ tree locations on the project site:
 - ☐ existing
 - ☐ to be removed
 - ☐ ROW trees
 - ☐ replacement trees
 - ☐ tree protection fencing
 - ☐ location of the 100-year flood plain and 0.2 foot floodway, if applicable

☐ **Erosion prevention and sediment control (EPSC) plan (required along with EPSC permit application if the project will potentially disturb 2,000 sq-ft or more ground surface)**

- ☐ all information listed for site/plot plan - or include erosion controls on site plan if there is room.
- ☐ storm drain inlet protection, concrete washout, and sediment fence as applicable for sloped sites.
- ☐ gravel construction entrance (leave existing sidewalks in place)
- ☐ any existing or proposed drainage features

- ☐ **Architectural elevation views** (1/4- inch scale preferred)
 - ☐ exterior elevations must reflect the actual existing and proposed grades
- ☐ **Foundation plan** (1/4-inch scale preferred)
 - ☐ footing and foundation dimensions, hold-downs, vents, and type of underfloor framing
- ☐ **Floor framing plans**
 - ☐ beam and member sizing, spacing and bearing locations, nailing and connection details
- ☐ **Floor plan** (1/4-inch scale preferred)
 - ☐ show all dimensions
 - ☐ room identification
 - ☐ door sizes and locations
 - ☐ window sizes and locations
 - ☐ balconies and decks
 - ☐ location of smoke alarms
 - ☐ plumbing fixtures
 - ☐ mechanical equipment (type and fuel source)
 - ☐ ventilation fans
- ☐ **Wall bracing**
 - ☐ Braced wall lines shall be identified on the construction documents. Seismic and wind calculations and all pertinent information including, but not limited to, bracing methods, location and length of braced wall panels, foundation requirements, and connections shall be provided.
 - ☐ Where engineered lateral designs are submitted, the design (specifications and calculation) shall be signed and stamped by the engineer of record. Details and connections shall be incorporated in the plans or provided on full size sheets attached to the plans.
- ☐ **Roof framing plans**
 - ☐ beam and member sizing, spacing and bearing locations, nailing and connection details
 - ☐ location of attic ventilation
 - ☐ truss details (stamped)
- ☐ **Cross section(s) and details**
 - ☐ framing member sizes and spacing such as floor beams, headers, joists, sub-floor, wall construction, roof construction (more than one cross section may be required to clearly portray construction)
 - ☐ details of all wall and roof sheathing, roofing, roof slope, ceiling height, siding material, thermal insulation, ventilation for attic and/or vaulted ceiling area, etc.
 - ☐ cross section detail of footing/stemwall construction with dimensions, rebar size and placement, vapor barrier, sill plate, grade, and perimeter drain
 - ☐ stair construction
 - ☐ fireplace construction
- ☐ **Basement and retaining wall**
 - ☐ cross sections and details showing placement of reinforcing steel, drains, and waterproofing
 - ☐ for engineered systems, design specifications and calculations shall be provided
- ☐ **Fire sprinkler plans** (if applicable)



One & Two Family Residential PODS Checklist

This checklist has been created to assist applicants with preparing building permit applications that fully satisfy the Pedestrian Oriented Design Standards (PODS) of Corvallis Land Development Code (LDC) Chapter 4.10. Please be advised that this checklist is intended to provide basic information and guidelines for satisfying the PODS. Applicants are encouraged to review applicable LDC chapters in their entirety, to ensure that applicable standards are met.

What are Pedestrian Oriented Design Standards?

The Pedestrian Oriented Design Standards (PODS) address pedestrian accessibility, architectural details, and building orientation. The PODS are incorporated in Chapter 4.10 of the 2006 Corvallis Land Development Code. There are separate PODS for one and two family residential, multifamily residential, and commercial development. The information contained in this checklist focuses on new one and two family residential development, including Single Detached, Single Attached and Duplex building types (as defined in LDC Chapter 1.6). PODS applicable to these building types are contained in LDC Section 4.10.50.

Is my proposal subject to PODS?

The PODS are generally applicable to all new Single Detached, Single Attached and/or Duplex buildings for which a valid permit application has been submitted after December 31, 2006. If you are uncertain whether your proposal will be subject to the PODS, please contact Development Services at (541) 766-6929.

How do I apply PODS to my proposal?

If the PODS are applicable to your proposal, you will need to provide information sufficient to demonstrate that the proposal complies with each of the applicable standards. Applications shall include either a supplemental narrative describing how each applicable standard is met, or details and notes on the submitted plans that address each applicable standard. The following checklist summarizes the PODS of LDC Section 4.10.50, which are applicable to new one and two family residential development:

Section 4.10.50.01 – Building Orientation. All of the following shall be met:

- ☐ Primary dwelling unit entrance faces street, or is accessed by a sidewalk less than 100 ft. long
- ☐ Primary dwelling unit entrance opens directly to outside (does not require passage through a garage or carport)
- ☐ Any façade facing street, sidewalk or multi-use path shall contain minimum of 15 percent windows and/or doors.
 - ☐ Garage doors shall not be counted towards satisfying this requirement; however, glass incorporated into a garage door may be counted.
 - ☐ Gabled areas may be excluded from base wall area calculation

Section 4.10.50.02.a – Maximum Widths of Street-facing Garages / Carports:

- ☐ **Lots ≥ 50' in width:** For dwellings with front-loaded garages/carports, the **width** of the garage wall or carport facing the street shall be not more than 50% of the **width** of the dwelling's street-facing facade.
- ☐ **Lots ≤ 50' in width:** For dwellings with front-loaded garages, the **area** of the garage wall facing the street shall be no more than 50% of the **area** of the dwelling's street-facing facade.
 - ☐ The term garage wall pertains to the whole wall, not just the door(s).

Section 4.10.50.02.b – Garages / Carport Placement Options. One of the following shall be met:

- ☐ Option 1- Rear Garage Accessed from Street
- ☐ Option 2- Front Accessed Garage w/ 4-ft. Recess from Front Dwelling Wall
- ☐ Option 3- Garage Accessed from Alley
- ☐ Option 4- Garage Entrance Perpendicular to Street
- ☐ Option 5- Garage Access Diagonal to Street
- ☐ Option 6- Basement Garage
- ☐ Option 7- Flush Garage w/ 6' x 10' Covered Front Porch
- ☐ Option 8- Flush or Recessed Single Car Garage
- ☐ Option 9- Recessed Garage w/ Cantilevered Second Story
- ☐ Option 10- Narrow Lot (less than 40 ft. width) Facing Street

Section 4.10.50.02.b – Garage and Carport Materials:

- ☐ The proposed garage or carport shall be constructed of the same building materials as the dwelling.

Section 4.10.50.03.a – Pedestrian Features Menu. At least one of the following shall be provided:

- ☐ Option 1- Elevated Finished Floor. An elevated finished floor a minimum of 2-feet above grade of nearest street sidewalk. If selected, a survey is required prior to foundation pour to verify this requirement is met.
- ☐ Option 2- Front Porch / Patio. A covered front porch or patio with a minimum size of 6' x 10'
- ☐ Option 3- Sidewalk / Walkway to Front Door. Minimum 3-ft. wide walkway constructed of permanent hard surface that is not gravel, is located directly between the street sidewalk and the front door, and is not part of the driveway area.

Section 4.10.50.03.b – Design Variety Menu. At least four of the following shall be provided:

- ☐ Option 1- Roof Pitch (6:12 minimum)
- ☐ Option 2- Eaves (18" minimum eave overhang)
- ☐ Option 3- Building Materials (at least two material types provided for building walls)
- ☐ Option 4- Trim (2.25" minimum around street-facing doors and windows)
- ☐ Option 5- Increased Windows (20 percent minimum facing streets, sidewalks and/or multi-use paths)
- ☐ Option 6- Architectural Features (at least one of the following on street-facing dwelling facades):
 - ☐ bay window
 - ☐ covered porch greater than 60 sq. ft. in size
 - ☐ balcony above the first floor
 - ☐ dormers related to living space
 - ☐ habitable cupola
- ☐ Option 7- Architectural Details (at least one of the following used consistently on dwelling facades):
 - ☐ exposed rafters or beam ends
 - ☐ eave brackets
 - ☐ windows with grids or divided lights
 - ☐ pergolas / trellis work
 - ☐ habitable cupola



Excavation & Grading/Erosion Prevention & Sediment Control Permit Application

City of Corvallis, Development Services Division
PO Box 1083, Corvallis OR 97339
501 SW Madison Avenue, Corvallis OR 97333
Phone: 541-766-6929 Fax: 541-766-6936
E-mail: development.services@ci.corvallis.or.us
Web: www.corvallispermits.com

DEPARTMENT USE ONLY

Permit No:

Receipt No:

Date:

CATEGORY OF CONSTRUCTION

☐ 1 & 2 Family Dwelling ☐ Commercial or Multifamily

PROJECT NAME

DESCRIPTION OF WORK

JOB SITE LOCATION AND LOCATION

Job site address:

Subdivision:

Lot no.:

Map & tax lot:

APPLICANT

Name:

Address:

City/State/ZIP:

Phone:

Fax:

E-mail:

Applicant Signature:

GENERAL CONTRACTOR

Name:

Address:

City/State/ZIP:

Phone:

Fax:

E-mail:

CCB#:

Expiration Date:

EXCAVATION CONTRACTOR

Name:

Address:

City/State/ZIP:

Phone:

Fax:

E-mail:

CCB #:

Expiration Date:

24-HOUR CONTACT PERSON

Contact Name:

Phone:

E-mail:

PLEASE FILL IN ALL INFORMATION

Total area to be disturbed : sq. feet

Excavation Volume: CY

Fill Volume: CY

Exporting Soil? YES or NO

If so, address of site:

The project site contains or abuts:

☐ 100 -yr. Floodplain

☐ Stream/Riparian Area

☐ Hydric Soils/Wetlands

Name of nearest stream, creek, river:

Date when erosion control measures will be in place:

Date site clearing and grading, placement of fills and excavations will commence:

Date site clearing and grading, placement of fills and excavations will be completed:

Projected date of removal of erosion control measures (after grass or approved vegetation is established):

I AGREE TO COMPLY WITH THE "EROSION PREVENTION AND SEDIMENT CONTROL MANUAL" AND WILL CONSTRUCT AND MAINTAIN EPSC MEASURES TO CONTAIN SEDIMENT AND POLLUTANTS ON THE CONSTRUCTION SITE

Owner/Applicant Signature

Date



Building Permit Application

City of Corvallis, Development Services Division
 PO Box 1083, Corvallis OR 97339
 501 SW Madison Avenue, Corvallis OR 97333
 Phone: 541-766-6929 Fax: 541-766-6936
 E-mail: development.services@ci.corvallis.or.us
 Web: www.corvallispermits.com

DEPARTMENT USE ONLY

Permit No:

Receipt No:

Date:

Plan Review Fee Pd:

TYPE OF WORK

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> New construction | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Addition/alteration/replacement | <input type="checkbox"/> Other: |

CATEGORY OF CONSTRUCTION

- | | |
|---|--|
| <input type="checkbox"/> 1- and 2-family dwelling | <input type="checkbox"/> Commercial/industrial |
| <input type="checkbox"/> Accessory building | <input type="checkbox"/> Multi-family |

JOB SITE LOCATION

Job site address (or map & tax lot number):

DESCRIPTION OF WORK

APPLICANT (OWNER OR AGENT)

Company name:

Contact name:

Address:

City, state, zip:

Phone: Fax:

E-mail:

Applicant's signature:

Print name: **Date:**

DESIGN PROFESSIONAL IN RESPONSIBLE CHARGE

Name:

Address:

City, state, zip:

Phone: Fax:

E-mail:

CONTRACTOR

Business name:

Address:

City, state, zip:

Phone: Fax:

E-mail:

CCB license number: Expiration date:

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area (sq ft):

Garage/carport area (sq ft):

Covered porch area (sq ft):

Deck area (sq ft):

Other structure area (sq ft):

REQUIRED DATA: COMMERCIAL & MULTI-FAMILY

Permit fees are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$

Existing building area (sq ft):

New building area (sq ft):

Number of stories:

Type of construction:

Occupancy group:

Existing occupancy:

New proposed occupancy:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractor's Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

Manufactured Homes Fees

Manufactured Home Installation	\$275
State Surcharge 12%	\$ 33
State Service Charge	\$ 30

PLEASE NOTE: Intake fees initiate the plan review process. All remaining plan review fees are collected at the time of permit issuance. If the application is expired or voided prior to permit issuance, all remaining plan review fees will be due. I have read and understand these terms. Initial: _____

This application is valid for 180 days

BUILDING PERMIT FEE SCHEDULE:

1. Building Permit Fees applicable under Corvallis Municipal Code Section 8.03.300.010 shall be as follows:	
1.00 - \$500.00	\$20
\$501.00 - \$2,000.00	(\$20.00 for the first \$500.00) + (\$1.83 for each additional \$100.00 or fraction thereof)
\$2,001.00 - \$25,000.00	(\$47.51 for the first \$2,000.00) + (\$7.94 for each additional \$1,000.00 or fraction thereof)
\$25,001.00 - \$50,000.00	(\$230.31 for the first \$25,000.00) + (\$5.97 for each additional \$1,000.00 or fraction thereof)
\$50,001.00 - \$100,000.00	(\$379.69 for the first \$50,000.00) + (\$3.96 for each additional \$1,000.00 or fraction thereof)
\$100,001.00 and up	(\$578.09 for the first \$100,000.00) + (\$3.31 for each additional \$1,000.00 or fraction thereof)
2. Building Plan Review Fee	Plan review fee shall be equal to the building permit fee.
3. Service Enhancement Review Fee	January 1, 2012; 40% of the building permit plan review fee . January 1, 2013; 67% of the building permit plan review fee .
4. State Surcharge 12%	12% of Building Permit fee.
5. Land Development Code Review fee	Land Development Code review fee shall be 33% of the building permit plan review fee in #2.
6. Fire Code Review Fee	Fire Code review fee shall be 10% of the building permit plan review fee in #2.
7. Fire And Life Safety Plan Review Fee	When required, Fire and Life Safety plan review fee shall be charged equal to the building permit fee in #1.
8. Solar Installation Permit Fee	a) Prescriptive system installation permit fee - \$150.00 b) Non-Prescriptive systems shall have permit fees and plan reviews calculated in accordance with sections 1) through 5) above.
9. Certificate of Occupancy	Certificate of Occupancy fee - \$25.00
10. Temporary Certificate of Occupancy	Temporary Certificate of Occupancy fee applicable under Chapter 9.01 - \$250.00 each, per 60-day period.
11. Phased Permitting	a) Each phased permit of a phased development project shall be assessed a permit and plan review fee. b) The phased development plan review fee for each phased permit shall be an additional base fee of 10% of the plan review fee, to the plan review fees noted in #2, 3, 5, 6 & 7.
12. Deferred Submittal Fee	The Deferred Submittal plan review fee shall be based on the value of the deferred submittal and calculated in accordance with Section 8.03.300.010 of the Corvallis Municipal Code and is in addition to the base fee of \$150.00 per deferred submittal.



Mechanical Permit Application

City of Corvallis, Development Services
 PO Box 1083, Corvallis OR 97339
 501 SW Madison Avenue, Corvallis OR 97333
 Phone: 541-766-6929 Fax: 541-766-6936
 E-mail: development.services@ci.corvallis.or.us
 Web: www.corvallispermits.com

DEPARTMENT USE ONLY

Permit No:

Receipt No:

Date:

CATEGORY OF CONSTRUCTION

☐ 1 & 2 Family Dwelling ☐ Commercial or Multi-Family

JOB SITE LOCATION

Address:

DESCRIPTION OF WORK

APPLICANT INFORMATION

Name or Company Name:

Address:

City: State: Zip:

Phone: Fax:

E-mail:

Signature:

PROPERTY OWNER INSTALLATION

Name:

Address:

City: State: Zip:

Phone: Fax:

E-mail:

This installation is being made on property owned by me or a member of my immediate family, and is exempt from licensing requirements under ORS 701.010.

Signature:

Print Name:

CONTRACTOR INSTALLATION

Business name:

Address:

City: State: Zip:

Phone: Fax:

E-mail:

CCB license no.: Expiration date:

Signature:

Print Name:

FEE SCHEDULE

Residential – 1 & 2 Family	Qty.	Cost ea.	Total cost
Fuel burning stove, fireplace, insert, lighter		\$30.00	\$
Furnace, air conditioner		\$30.00	\$
Clothes dryer, exhaust fan, hood		\$20.00	\$
Other appliance or equipment		\$20.00	\$
Gas piping system, new or altered		\$20.00	\$
Alteration to mechanical equipment or system		\$20.00	\$

Commercial & Multi-Family

Enter total valuation of mechanical system and installation costs:
 \$ _____

Valuation Range	Fee Based on Valuation
\$1.00 - \$2,000.00	\$30.00
\$2,001.00 - \$5,000.00	(\$72.50 for the first \$2,000.00) + (\$2.30 for each additional \$100.00 or fraction thereof)
\$5,001.00 - \$10,000.00	\$141.50 for the first \$5,000.00) + (\$1.80 for each additional \$100.00 or fraction thereof)
\$10,001.00 - \$50,000.00	(\$231.50 for the first \$10,000.00) + \$1.35 for each additional \$100.00 or fraction thereof)
\$50,001.00 - \$100,000.00	(\$771.50 for the first \$50,000.00) + \$1.25 for each additional \$100.00 or fraction thereof)
\$100,001.00 and up	(\$1,396.50 for the first \$100,000.00) + (\$1.10 for each additional \$100.00 or fraction thereof)

Enter fee based on valuation of mechanical system \$

APPLICANT USE

(A) Enter subtotal of above fees	\$
(B) Enter 12% state surcharge (.12 x [A])	\$
(C) Plan review (50% of [A])	\$
TOTAL fees and surcharges (A through C):	\$

This permit is issued under OAR 918-440-0050. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.



Plumbing Permit Application

City of Corvallis, Development Services Division
 PO Box 1083, Corvallis OR 97339
 501 SW Madison Avenue, Corvallis OR 97333
 Phone: 541-766-6929 Fax: 541-766-6936
 E-mail: development.services@ci.corvallis.or.us
 Web: www.corvallispermits.com

DEPARTMENT USE ONLY

Permit No:

Receipt No:

Date:

CATEGORY OF CONSTRUCTION		
<input type="checkbox"/> 1 & 2 Family Dwelling	<input type="checkbox"/> Commercial or Multi-Family	
JOB SITE LOCATION		
Address:		
DESCRIPTION OF WORK		
APPLICANT INFORMATION		
Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
Email:		
Signature:		
PROPERTY OWNER INSTALLATION		
Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
E-mail:		
This installation is being made on residential property owned by me and is exempt from licensing requirements under OAR 918-695-0020.		
Signature:		
CONTRACTOR INSTALLATION		
Business name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
E-mail:		
CCB or LCB license no.:	Expiration date:	
BCD license no.:	Expiration date:	

FEE SCHEDULE			
Description	Qty.	Cost ea.	Total cost
1 & 2 Family Dwelling (Residential)			
New construction: 1 bathroom/1 kitchen (includes: first 100 feet of water/sewer lines, hose bibs, ice maker, underfloor low-point drains and rain-drain packages)		\$375.00	\$
New construction: 2 bathrooms/1 kitchen		\$450.00	\$
New construction: 3 bathrooms/1 kitchen		\$525.00	\$
New construction: Each additional bathroom (over 3)		\$ 75.00	\$
New construction: Each additional kitchen (over 1)		\$ 75.00	\$
Each new or additional water, sewer, storm line or private storm drainage system		\$150.00	\$
Each backflow device (includes first 10 feet of water service)		\$ 30.00	\$
Replace, repair, or alter exterior water service, sanitary sewer or storm line		\$ 50.00	\$
Minor repair of interior plumbing system		\$ 20.00	\$
Repipe interior water supply or waste line, relocate, replace, or add fixtures		\$ 50.00	\$
Water heater or boiler		\$ 30.00	\$
Residential fire sprinklers			
Enter square footage of project (see back for fee listing)	Sq. Ft.		
Enter fee based on installation and equipment			\$
Manufactured dwelling			
Manufactured home space		\$ 75.00	\$
Commercial, industrial, or multi-family dwellings			
Each fixture (new construction only)		\$ 20.00	\$
Fixture repipe / replacement (per 5 fixtures)		\$ 50.00	\$
Each backflow device (includes first 10 feet of water service)		\$ 30.00	\$
Each new, repair, alteration or replacement of exterior water service, sanitary sewer or storm line		\$180.00	\$
Minor repair of interior plumbing system		\$ 20.00	\$
Each water heater or boiler		\$ 50.00	\$
Medical gas piping			
Enter value of installation and equipment (see back for fee sheet)	\$		
Enter fee based on installation and equipment value			\$
APPLICANT USE			
(A) Enter subtotal of above fees			\$
(B) Enter 12% state surcharge (.12 x [A])			\$
(C) Plan review (50% of [A], complex structures only)			\$
TOTAL fees and surcharges (A through C):			\$

See back for Residential Fire Sprinklers and Medical Gas Installation Schedules

This permit is issued under OAR 918-780-0060. Permits are issued only to the person or contractor doing the work. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.

MEDICAL GAS SYSTEM FEE SCHEDULE

Based on the value of the equipment and installation costs

\$1.00 - \$5,000.00	\$100.00
\$5,001.00 - \$10,000.00	(\$100.00 for the first \$5,000.00) + (\$1.50 for each additional \$100.00 or fraction thereof)
\$10,001.00 - \$100,000.00	(\$175.00 for the first \$10,000.00) + (\$10.20 for each additional \$1,000.00 or fraction thereof)
\$100,001.00 and up	(\$1,093.50 for the first 100,000.00) + (\$7.00 for each additional \$1,000.00 or fraction thereof)

RESIDENTIAL FIRE SPRINKLER FEE SCHEDULE

Based on square footage of one or two-family structure

1 - 2,000 square feet	\$87.00
2,001 - 3,600 square feet	\$129.00
3,601 - 7,200 square feet	\$164.00
7,201 square feet or greater	\$200.00

OAR 918-780-0040 (in part)

Plumbing Plan Reviews

(1) A jurisdiction providing plumbing code plan review services may only require plumbing plan review for a complex structure. For purposes of this rule, a “complex structure” is a plumbing system designed, constructed or reconstructed to accommodate any of the following:

- (a) The installation or alteration of a medical gas and vacuum system for health care facilities;
- (b) The installation or alteration of chemical drainage waste and vent systems containing chemical agents potentially detrimental to the integrity of a plumbing system;
- (c) The installation or alteration of wastewater pretreatment systems for building sewers;
- (d) The installation of vacuum drainage waste and vent systems;
- (e) The installation or alteration of reclaimed wastewater systems;
- (f) The installation of a commercial booster pump system needed to maintain a minimum residual water pressure in a structure supplied by a municipal source;
- (g) The installation of a plumbing system requiring a building water service line with an interior diameter or nominal pipe size of two inches or greater except those two inch systems which have been designed and stamped by a licensed engineer;
- (h) The installation of any multi-purpose sprinkler system under standards adopted by the department.

(7) Nothing in this rule prevents a jurisdiction from providing plan review services for utility systems situated outside the building exterior of a particular jobsite.

(8) Nothing in this rule prevents a jurisdiction from requiring information on grease processing equipment systems.

(10) Nothing in these rules shall prohibit the owner or owner’s agent from requesting and receiving a plan review for non-complex structures.



Electrical Permit Application

City of Corvallis, Development Services Division
 PO Box 1083, Corvallis OR 97339
 501 SW Madison Ave, Corvallis OR 97333
 Phone: 541-766-6929 Fax: 541-766-6936
 E-mail: development.services@ci.corvallis.or.us
 Web: www.corvallispermits.com

DEPARTMENT USE ONLY

Permit No.:

Receipt No.:

Date:

CATEGORY OF CONSTRUCTION

☐ 1 & 2 Family Dwelling ☐ Commercial or Multifamily

JOB SITE INFORMATION AND LOCATION

Job site address:

DESCRIPTION OF WORK

APPLICANT

Name:

Address:

City: State: ZIP:

Phone: Fax:

E-Mail:

PROPERTY OWNER INSTALLATION

Name:

Address:

City: State: ZIP:

Phone: Fax:

E-mail:

This installation is being made on residential property owned by me or a member of my immediate family. This property is not intended for sale, exchange, lease, or rent. ORS 479.540(1) and 479.560(1).

Signature: Date:

CONTRACTOR INSTALLATION

Business name:

Address:

City: State: ZIP:

Phone: Fax:

E-mail:

CCB license no.: Expiration Date:

BCD license no.: Expiration Date:

Signing supervisor's name:

Signing supervisor's license no.:

PLAN REVIEW

Please check all that apply. Submit 2 sets of plans with any of the following:

- | | |
|--|---|
| <input type="checkbox"/> Fire Pump | <input type="checkbox"/> Building over 3 stories |
| <input type="checkbox"/> Emergency system | <input type="checkbox"/> Service or feeder 600 amps or over |
| <input type="checkbox"/> Addition of new motor load of 100hp or more | <input type="checkbox"/> Commercial-use agricultural buildings |
| <input type="checkbox"/> Health Care Facilities | <input type="checkbox"/> Install of 150 KVA or larger separately derived system |
| <input type="checkbox"/> Hazardous locations | <input type="checkbox"/> A, E, I-2, I-3 occupancies |
| <input type="checkbox"/> Recreational vehicle parks | <input type="checkbox"/> Service of feeder 400 amps or more where the available fault current exceeds 10k amps at 150 volts or less to ground, or exceeds 14k amps for all other installs |
| <input type="checkbox"/> Marinas and boatyards | |
| <input type="checkbox"/> Floating buildings | |
| <input type="checkbox"/> Six or more residential units | |
| <input type="checkbox"/> Supply over 600 volts nominal | |

FEE SCHEDULE

Number of inspections per item ()	Qty.	Cost ea.	Total cost
Residential 1 & 2 Family Dwelling unit. Includes attached garage.			
1,000 sq. ft. or less (4)		\$135.00	\$
Each additional 500 sq. ft. or portion thereof		\$ 25.00	\$
Limited energy (2)		\$ 65.00	\$
Each manufactured home or modular dwelling service or feeder (2)		\$ 65.00	\$
Services or feeders: installation, alteration, relocation			
200 amps or less (2)		\$ 80.00	\$
201 to 400 amps (2)		\$ 95.00	\$
401 to 600 amps (2)		\$158.00	\$
601 to 1,000 amps (2)		\$205.00	\$
Over 1,000 amps or volts (2)		\$475.00	\$
Reconnect only (2)		\$ 65.00	\$
Temporary services or feeders: installation, alteration, relocation			
200 amps or less (2)		\$ 65.00	\$
201 to 400 amps (2)		\$ 86.00	\$
401 to 600 amps (2)		\$125.00	\$
Over 600 amps or 1,000 volts, see Services or Feeders section above			
Branch circuits: new, alteration, extension per panel or feeder			
a. Branch circuits with purchase of a service or feeder permit:			
Each branch circuit		\$ 5.00	\$
b. Branch circuits without purchase of a service or feeder permit:			
First branch circuit (2)		\$ 65.00	\$
Each additional branch circuit		\$ 5.00	\$
Miscellaneous fees: service or feeder not included			
Each pump or irrigation circle (2)		\$ 65.00	\$
Each sign or outline lighting (2)		\$ 65.00	\$
Signal circuit(s) or a limited-energy panel, alteration, or extension (2)		\$ 65.00	\$
Hourly rate (no. of hrs. x fee per hr.)		\$ 65.00	\$
Each additional inspection: (1)		\$ 65.00	\$
Renewable Energy system			
a. 5 kva or less		\$ 119.00	\$
b. 5.01 to 15 kva		\$ 140.00	\$
c. 15.01 to 25 kva		\$ 231.00	\$
d. Add'l inspections, misc fees/hrly rate		\$ 85.00	\$
APPLICANT USE			
(A) Enter subtotal of above fees		\$	
(B) Enter 12% surcharge (.12 x [A])		\$	
(C) Plan review, if required (25% of [A])		\$	
TOTAL fees and surcharges (A through C):		\$	
This permit is issued under OAR 918-309-0000. Permits are nontransferable. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.			



CITY OF CORVALLIS

Public Works Department

Utilities Division

Phone: 541-766-6916

SEWER DISCHARGE FORM

(Instructions on Reverse Side)

- 1) Site Address _____
(Street) (Suite) (City) (State) (Zip Code)
- 2) Business Name At This Location _____
- 3) Map & Tax Lot Number: Map # _____ Tax Lot # _____
- 4) Mailing Address (If Different from Site Address) _____
(Street or P.O. Box) (Suite) (City) (State) (Zip Code)
- 5) Contact Official
a) Name _____ Phone _____
b) Title _____
- 6) Owner
a) Name _____ Phone _____
b) Address _____
(Street or P.O. Box) (Apt.#) (City) (State) (Zip Code)
- 7) North American Industry Classification System Code
NAICS Code(s) _____
- 8) Business Activity (Check all that apply)
☐ Restaurant ☐ Retail/Wholesale Store ☐ Office Building ☐ Apartment/Motel/Hotel
☐ Other (Describe) _____
- 9) Type of Waste Discharged to City Sewer (Check all that apply) ☐ Domestic Sewage (e.g., bathrooms)
☐ Other Waste (See Instructions) _____
- 10) Explain or identify any pretreatment of discharge. _____
- 11) Certification
I certify that the information above is true and correct to the best of my knowledge.
Signature _____ Date _____
Print Name _____ Title _____

For City Use Only:

Industrial Classification: ☐ Significant Industrial User - ☐ Categorical ☐ Non-categorical
☐ Non-significant Industrial User
☐ Additional Information Required

Sewer Strength Classification: _____

☐ Approved

☐ Disapproved

Initial _____

Date _____

Building Permit # _____

Information provided in this form will be used to determine the appropriate industrial classification of your business. Depending upon the classification, additional information may be required. Questions concerning the completion of this form may be directed to Public Works at 541-766-6729 extension 5282 or 541-766-6916.

INSTRUCTIONS

Type or print legibly the information requested.

- 1) Site Address - Enter the full street address of the building or premise which is producing the wastewater pertinent to this form.
- 2) Business Name - Enter the name or title of your business located at the address identified in Item #1.
- 3) Map & Tax Lot Number - Enter the Map and Tax Lot numbers that apply. These numbers can be obtained by calling the Benton County Assessors Office at 541-766-6855.
- 4) Mailing Address - Enter the full address at which mail is received.
- 5) Contact Official - Enter the name, title and phone number of a person who can be contacted if further information is needed.
- 6) Owner - Enter the name, address and phone number of the legal owner(s) of the business.
- 7) North American Industry Classification System Code - Include all numbers that apply to the business. If you do not know your number(s) check with your insurance carrier.
- 8) Business Activity - Be specific in your description. If additional space is needed, attachments may be made.
- 9) Type of Waste - Describe as best you can the nature of the waste discharged to the city sewer. Quantities can be estimated in either gallons per day or pounds per day. If additional space is needed, attachments may be made.
- 10) Briefly describe all types of pretreatment you use. Pretreatment is any activity which removes or reduces any contaminant in the waste before it is discharged to the city sewer. If additional space is needed, attachments may be made.
- 11) Certification - This form must be signed and dated by an officer, employee, or other agent of the business who has legal authority (e.g., company president, production manager, contractor). Also print or type the name and title of the person signing the form.
- 12) Return Form To: City of Corvallis
Development Services
P.O. Box 1083/501 SW Madison Ave.
Corvallis, OR 97339-1083
Phone: 541-766-6929
FAX: 541-766-6936

NOTE: BUILDING PERMITS CAN NOT BE ISSUED UNTIL THIS FORM HAS BEEN COMPLETED AND RETURNED TO DEVELOPMENT SERVICES.



Community Development
Development Services Division
501 SW Madison Avenue
P.O. Box 1083
Corvallis, OR 97339-1083
(541) 766-6929
www.CorvallisPermits.com

PUBLIC RIGHT-OF-WAY PERMIT APPLICATION

Date: _____ Associated permit: _____ ROW _____ - _____

Name: _____ Phone #: _____

Address: _____

A Right-of-Way (ROW) Permit is required any time the public ROW, including sidewalks and parking, will be occupied or blocked in any manner for any length of time. Please use this application for short term occupancy of the ROW for work associated with an activity permitted through Development Services.

Submit the following items to Development Services at least **one week** prior to your planned Right-of-Way use.

- Brief written **narrative** explaining the work that is proposed, including:
 - Y / N Is there any way to do this without occupying the public right-of-way?
 - Y / N Have the adjacent neighbors and businesses been notified and accommodated?
 - Y / N Has accessible parking and access been accounted for and accommodated?
 - Y / N Has garbage, mail, and delivery service schedules been accounted for?
 - Y / N Have bus schedules (City and school) been considered and accommodated?
 - Y / N Has pedestrian, bicycle, and vehicular safety been accounted for?
- **Site plan** showing the extent of the work.
- **Traffic Control Plan** and/or **Pedestrian Access Plan** showing the entire area that will be impacted by your procedure. This shall show placement of all signs in compliance with the current Oregon Department of Transportation "Oregon Temporary Traffic Control Handbook" and account for closure of sidewalks and bike lanes.
- Anticipated **schedule** of when the work will occur and anticipated time frame. If you do not know the exact date, provide a range of dates with the anticipated times of operation and state that the actual date will be provided at least 48 hours in advance. This information is needed to notify emergency services.
- The associated **fee**: \$25 for 2 weeks (not to exceed 4 weeks)
- This completed **form**.

Signature



**Community Development
Development Services Division**
501 SW Madison Avenue
P.O. Box 1083
Corvallis, OR 97339-1083
(541) 766-6929
FAX: (541) 754-1792
www.CorvallisPermits.com

METER REQUEST FORM (tap card)

PROPERTY ADDRESS _____

APPLICANT INFORMATION (person requesting the meter):

Name _____ Tel # _____

ACCOUNT INFORMATION (person paying for the water usage):

Name _____ Tel # _____

Billing Address _____

Complete the section(s) below for each meter you are requesting. Total # of meters requested: _____

DOMESTIC Permit # _____ Installation Preference: ON Locked Do not install yet

Contractor Name _____ Tel # _____

Meter Size (circle one): $\frac{3}{4}$ 1 1 $\frac{1}{2}$ 2 3 4 6 8 10 12

Customer Type (circle one): Single Family Multi-family: # of units _____ Dorm/Frat: # of beds _____

 School Commercial: impervious area (SF) of site _____

Account Type (circle one): New Remove Relocate Change size Change type

IRRIGATION Permit # _____ Installation Preference: ON Locked Do not install yet

Contractor Name _____ Tel # _____

Meter Size (circle one): $\frac{3}{4}$ 1 1 $\frac{1}{2}$ 2 3 4 6 8 10 12

Max Flow/Zone (GPM): _____

Account Type (circle one): New Remove Relocate Change size Change type

FIRE SERVICE Permit # _____ Installation Preference: ON Locked Do not install yet

Contractor Name _____ Tel # _____

Pipe Size (circle one): $\frac{3}{4}$ 1 1 $\frac{1}{2}$ 2 3 4 6 8 10 12

Account Type (circle one): New Remove Relocate Change size Change type

PRE-ISSUANCE

1. Complete and submit this form and a scaled site plan no larger than 11" x 17" as illustrated below to Development Services. The submitted site plan may need revised prior to finalizing the meter request.

2. Pay the associated fee, typically at permit issuance.

*This form and site plan will be returned to you at time of permit issuance.

POST ISSUANCE

1. Contact Public Works 541.766.6916 to schedule your meter installation at least two (2) weeks prior to the date you want the meter installed.

2. Property lines shall be identified and the meter location accurately marked at the job site by placing a hub and stake labeled "water" at back of proposed sidewalk location and identify the horizontal and vertical location of the angle stop. Complete this at least four (4) days prior to the scheduled install date.

*If not accurately located, installation may be delayed. Property owners will be assessed a "time and materials" rate to relocate meters that were not accurately marked prior to installation.

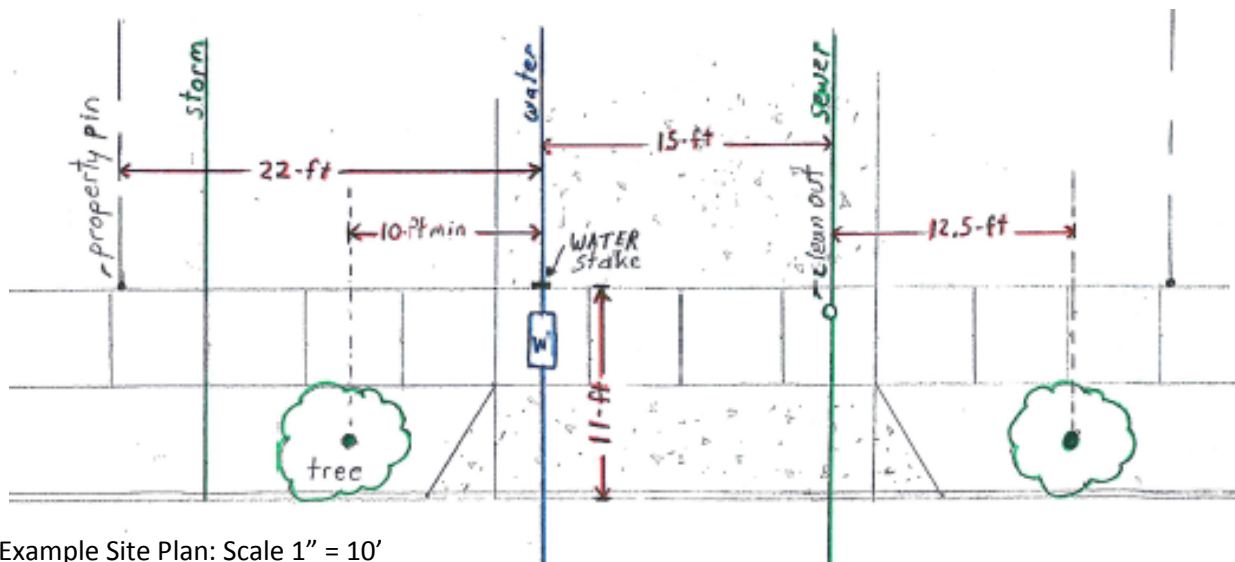
SITE PLAN

1. Identify all new and proposed property boundaries, property pins, sewer laterals, water meters, storm drains, street trees and final sidewalk location.

2. Call out the distance from curb face to back of finished sidewalk.

3. Call out the distance from the property line to the water lateral.

4. Call out minimum 10-ft separation from proposed water meter to any utility and/or street tree.



Example Site Plan: Scale 1" = 10'



**Community Development
Development Services Division**
501 SW Madison Avenue
P.O. Box 1083
Corvallis, OR 97339-1083
(541) 766-6929
FAX: (541) 754-1792
www.CorvallisPermits.com

SYSTEM DEVELOPMENT CHARGE WORKSHEET

Please complete this form for any structural, plumbing, or use modifications.

Land Use Worksheet

Please indicate how this structure will be used or modified.

RESIDENTIAL

New or	Demo	Building Use Description	# of Dwellings

COMMERCIAL

New or	Demo	Building Use Description	Gross Floor Area (SF)

Impervious Surface Worksheet

Please indicate any changes to impervious surfaces.

New or	Demo	Surface Description	Area (SF)
		Structure	
		Driveway	
		Sidewalk, Patio, etc.	

Plumbing Fixture Worksheet

Please indicate the number of fixtures being installed, removed, or relocated.

RESIDENTIAL

Fixture	New	Remove	Relocate
Bathroom Sink			
Toilet			
Bidet			
Shower/Tub/Combo			
Kitchen Sink			
Prep/Bar/Hand Sink			
Dishwasher			
Clotheswasher			
Laundry/Utility Sink			
Hose Bibb			
Water Heater			

COMMERCIAL

Fixture	New	Remove	Relocate
Bathroom Sink			
Toilet			
Urinal			
Shower/Tub/Combo			
Kitchen Sink			
Prep/Hand/Lab Sink			
Breakroom Sink			
Commercial Dishwasher			
Small Dishwasher			
Commercial Clotheswasher			
Small Clotheswasher			
Laundry Tub			
Utility/Mop Sink w/ < 3" trap			
Utility/Mop Sink w/ 3" trap			
Floor Sink			
Floor Drain			
Drinking Fountain			
Hose Bibb			
Water Heater			
Irrigation (GPM)			



Corvallis School District 509J

**CLAIM FOR EXEMPTION
CORVALLIS SCHOOL DISTRICT 509J
CONSTRUCTION EXCISE TAX**

Claimant is:

Person

(Name)

OR

Entity

(Name)

If an entity, please circle the correct entity: (LLC, a partnership, a corporation, other)

The claim for exemption is because the construction project is for:

- ☐ Private school improvements.
- ☐ Public improvements as defined in ORS 279A.010.
- ☐ Residential housing that is guaranteed to be affordable, under guidelines established by the United States Department of Housing and Urban Development, to households that earn no more than 80% of the median household income for the area in which the construction tax is imposed, for a period of at least 60 years following the date of construction of the residential housing.
- ☐ Private or public hospital improvements.
- ☐ Improvements to religious facilities, primarily for worship or education.
- ☐ Agricultural buildings as defined in ORS 455.315(2)(a).
- ☐ Facilities that are operated by a not-for-profit corporation and that are:
 - ☐ Long term care facilities, as defined in ORS 442.015;
 - ☐ Residential care facilities, as defined in ORS 443.400; or
 - ☐ Continuing care retirement communities, as defined in ORS 101.020
- ☐ Replacement due to fire or flood loss equal to or less than the square footage of the original structure prior to the loss.
- ☐ Remodeling projects adding up to 200 square feet of additional space to an existing structure.

The purpose of the construction is to: _____

Location: The property is located at: _____
(Address)

CERTIFICATION: Under penalties of perjury, I hereby certify that the above-referenced project is not subject to the construction excise tax.

Dated: _____
(Signature)

Revision Submittal? ☐ Value added (if any): \$ _____
Deferred Submittal? ☐ Value of Deferred Submittal: \$ _____

City of Corvallis, Development Services Division	541-766-6929 (office)
PO Box 1083, 501 SW Madison Avenue	541-766-6936 (fax)
Corvallis, Oregon 97339	www.corvallispermits.com

Permit #

Project Address

Applicant

Phone

Email

Design Professional of Responsible Charge (DPRC) (Architect or Engineer of Record)

Phone

Revision/Deferred Description

Is this in response to a plan review letter or prior review?

☐ Yes

☐ No

ALL REVISIONS MUST BE STAMPED BY THE DESIGN PROFESSIONAL OF RECORD & SUBMITTED IN TRIPLICATE.

Applicant (Print Name)

Applicant (Signature)

Date

☐ Owner ☐ DPRC ☐ Contractor ☐ Other _____

Staff use only:

Routing: BLD ☐ _____ PLN ☐ ENG ☐ FIRE ☐ PLM ☐ ELP ☐ EPSC ☐

Intake person _____